

Proletarianization, Professionalization, and Caribbean Immigrant Nurses

by Karen Flynn

Des infirmières des Caraïbes formées en Angleterre et qui ont émigré au Canada après la Seconde guerre mondiale ont donné une série d'entrevues qui ont permis à l'auteure d'exa-

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miner les interactions raciales, de classe et de sexe dans leurs expériences d'infirmières immigrantes.

Taking into account the racial and social inequalities that exist in Canadian society, it is not surprising that health care restructuring has profoundly affected the work lives of visible minority women. Using oral history as my primary methodology, I attempt to reconstruct and analyze the experiences of five Caribbean immigrant nurses. I examine how professionalization and proletarianization, common themes within nursing, fail to include minority women within its discourses; and how these processes affect Caribbean immigrant nurses in ways that reinforce class and race biases in a sex-segmented occupation.

During December 1994, I conducted interviews with five women from different areas of the Caribbean who had trained in Britain and sought employment in Canada between 1950–1971. All the nurses were cognizant of the nursing shortage in Canada. Two were recruited directly by hospital personnel, and the others immigrated on their own accord. Although each of the five women's experiences are unique, collectively their experiences conform with the realities of the political economy of nursing.

Although higher education is a criteria of Canadian nurses' "professional" status, Caribbean immigrant nurses' experiences reveal otherwise. Each nurses' educational qualifications and credentials were placed under scrutiny by the nursing administration and all the nurses were expected to up-grade their education. All the women interviewed for this project maintained that they faced difficulties obtaining positions they were qualified for due to the inability of nursing administration to translate their foreign qualifications. Some Caribbean women were trapped into nursing assistanceships because they were dissuaded from taking additional courses. Furthermore,

institutional and structural barriers prevented many from obtaining additional training and education that would place them on par with white nurses (Calliste). While Caribbean women perceived themselves as educated professional women, white women defined the boundaries of professionalism delineating separate standards for white and black women.

"Professionalization" and "proletarianization" creates differentiation within nursing that encourages racial and class differences. Defining and interpreting these terms as they apply to nursing continues to be a major preoccupation for scholars who are unable to ascertain whether professionalization is ever complete, and whether nurses can consider themselves "professionals" in comparison to medical doctors (McPherson). Professionalization is said to occur when an occupation progresses to a certain point especially in relation to education standards, self-legislation, and regulation (Dingwall *et al.*). On the other hand, proletarianization involves the transformation of the labour processes through the fragmentation and intensification of workers' duties, a loss of control and deskilling, and increased managerial control (Coburn 1988).

Following the Second World War, the political economy of nursing underwent substantial transformation. In the name of efficiency, rationalization became the norm in nursing. Nurses were forced to adapt to a two-tier system of nurse managers and nurse workers. Duties that originally were a part of nursing were divided up between various nursing hierarchies and distinctions between nursing and non-nursing duties were also explicit (Coburn 1988). Thus, proletarianization resulted in the introduction of subsidiary workers into the workforce. It was in these positions that Caribbean nurses predominated (Calliste). Equally important, proletarianization changed the nature of work for nurses who had degrees and those with certificates and diplomas. Registered nursing assistants (RNAs) were expected to relieve registered nurses (RNs) of habitual personal care and rudimentary ward administration. Consequently, RN's were responsible for duties that required more "skill" such as charting on permanent records, administering medications, and supervising subsidiary workers—a direct result of professionalization (McPherson). Practical nurses did not work with doctors but could assist the RNs with tasks that did not require putting anything in patients' bodies. Basically, nurses' aids were restricted to preparing ward supplies (McPherson). It is important to note that both professionalization and proletarianization are not mutually exclusive. White RNs benefited from professionalization with respect to their positions in the workplace. Conversely, Caribbean immigrant nurses, regardless of quali-

fictions, were proletarianized as they occupied a subordinate role performing what one interviewer termed as "non-educational tasks."

Professionalization and proletarianization as they operate may appear "neutral" and "natural" but serve to obfuscate how racism operates to ensure that black women are assigned the lowest jobs in nursing thus maintaining a racially stratified work force. Elaine McCleod, a state enrolled nurse in Britain, worked as a non-registered assistant in Canada. McCleod felt that with her qualifications and education she should have been considered an RNA. As a nursing assistant, her duties involved, "making

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beds, getting patients up...." This, she claimed had, "nothing really do with nursing." McCleod complained that in Britain she was used to running an entire unit, but in Canada, all she could do "was make beds, feed, and bathe patients."

Myrna Blackman, a registered mental nurse (RMN) in Britain, points out that RNs in Canada only dispense medication. If they have to put in an IV the doctor must be called. In England an RN can "put up an IV and they could put in stitches. I did all those things in England. In Canada you have to wait until you [the patient] is bleeding to death."

Proletarianization also affected nurses' time spent with patients and how care was given. In this regard, an emphasis on nursing as caring intensified conflicts between nurses that may not have always stemmed from racial difference. Caribbean immigrant nurses reiterated how the psychological aspect of caring was missing in Canada compared to Britain. Vera Cudjoe attributed this as one of her reasons for leaving nursing. While she was not aware of it at the time, Cudjoe maintained that the time spent at the bedside was a significant part of her training in England:

We use to have to spend a lot of time, for instance, with the patients. It meant a lot. Psychologically that was very good medicine ... sometimes they needed that more than the medicine.

Cudjoe also mentioned what she felt was the business-like manner in which Canadian nurses "were doing nursing." She remarked: "It was cut and dry. When four o'clock came people looked at their watches, and dropped what they were doing and left. That really bothered me, I felt this was horrible business." Cudjoe discussed being

reprimanded by the head nurse whom she described as a "go-getter-get-on-with-the-business" type. She recalled the head nurse telling her to, "move it, get on with it," as she spoke with a patient.

I really blew my cool ... I told her that you people didn't know what nursing was and stuff like that. I had to be transferred to another ward for expressing myself. I got mad because I was not doing anything more than what I was taught to with a patient.

A study of nursing in Ontario in the 1960s concluded that transformations in nursing affected nurses' ability to adequately perform their duties.¹ Even though nurses generally agreed that more time should be spent at the patients' bedside, no one could discern "which class of nurses would be there and what exactly, each class should be doing" (McPherson 230). While scholarly research on the impact of professionalization and proletarianization tend to be race-blind, this is clearly not the case. Intertwined in these processes is the question of race and resistance. Caribbean women resisted proletarianization by advocating professionalism. By making claims about the structure of Canadian nursing, Caribbean immigrant nurses were inadvertently challenging and resisting the degradation associated with racial proletarianization.

There is the inclination on the part of scholars to overestimate the homogeneity of nursing as an occupation, and view the relationship among nurses as one of collaboration. This may be true of white women who share similar background and race, but differs for black women based on those same differences. Relationships among nurses were not always smooth especially when education, background, and class are considered. Attention to professionalization and proletarianization can demonstrate how these processes conceal white women's racism by effectively neutralizing their role in opposition to non-white women.

The relationships between white and Caribbean nurses were described as stressful and strained and were explained by the power differentials in the workplace. The women interviewed acknowledged that white women were mainly their superiors. In describing how power relationships were constructed in the workplace, McCleod declared, "the system allows the RN to dictate to you. They would tell you what to do. It was a part of the leadership training." She proceeded, "RNAs were not even considered nurses. When they address nurses they meant RNs and they used their education and autonomy to dictate to you." In this regard, as leaders, white RNs could appear specious, and would not have to acknowledge the contradictions between shared womanhood and racial and class inequalities. Ideologies about race are not used to explain or justify the existing structure and hierarchy in nursing; instead differences are explained using education, training, and skill (Nakano). McCleod insisted that RNs often misused their authority which had serious implications for sister-

hood on the job. As nurses strived towards professionalization through higher education, proletarianization, occurring simultaneously, created tensions between general duty nurses and RNs. These differentiations reinforced the class and racial inequalities between Caribbean women and white nurses and ultimately affected the possibility for joint solidarity.

Oral interviews provide a rich source for information, although they must be interpreted carefully when dealing with long-past periods of subject's lives. I wanted to explore the women's consciousness regarding racism and sexism. None of the women acknowledged at the time that racism played a part in determining the work they were assigned, or the differential manner they were dealt with by white nurses. In retrospect, however, they were able to pinpoint moments when they felt racism accounted for some of the injustices at work.

Cudjoe summed up her perceptions of racism in the following manner:

I was not aware of it at that time about racism, but in hindsight, there was, because there were times when people were being unfair to you and you did not know why. So you never thought it was because of me being black or so and so. You were more concerned with the

actual victimization of what's been done to you and trying to solve or resolve it rather than point at someone else and call them racist.

Even though racism may be endemic to nursing, to curtail shortages discriminatory attitudes towards some Caribbean nurses may have been inhibited, paralleling racist, sexist, and classist immigration policies which are often modified to meet the demand for workers. Cudjoe adds:

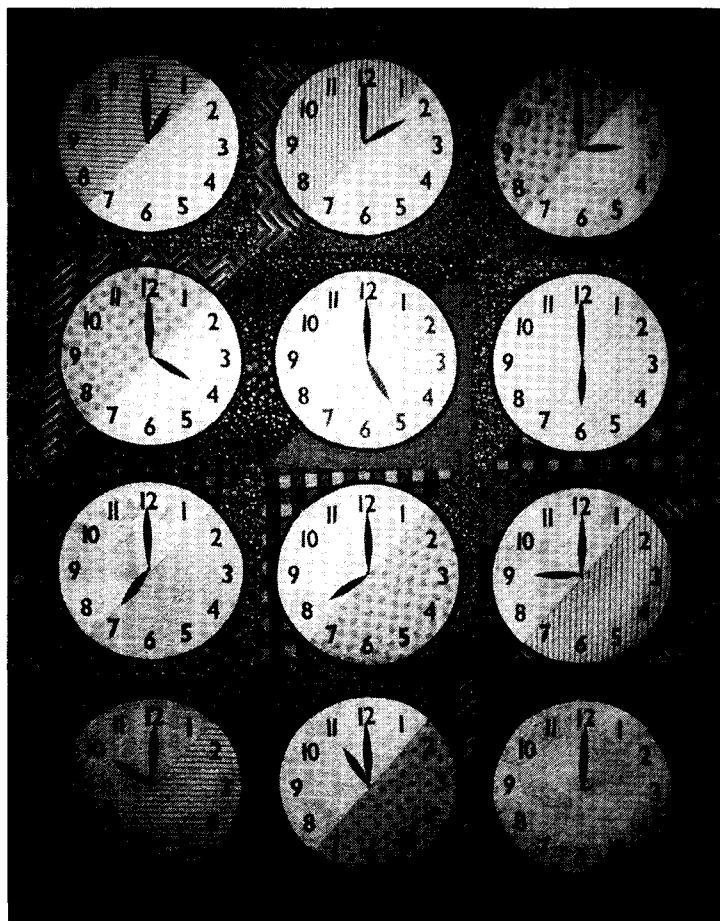
The issue of racism was not as evident and apparent as it is now. There was so few of us here [white people] had not begun to panic, to feel jealous, to feel afraid or frightened by our presence. It was so minimum. On the other hand, we were a minority ... and we were just concerned with doing our work. They seemed to want us more than anything else.

The women were reluctant to say (on the record) that racism may have been a factor in determining their mobility within nursing. Jacobson felt strongly that she should have been promoted, but would not attribute this to institutionalized racism, "I worked there ... for three years and I was slow to move in another department. I think I should have been more aggressive." Jacobson's complaint is common among women of colour in many fields.

Compared to racism, sexism was articulated as a much smaller part of these women's lives. The Caribbean nurses were cognizant of doctors' roles and responsibilities and insisted that doctors diminished their own contributions to nursing. Jacobson noted:

I heard somewhere that when the thermometer first came out the doctors walked around with it as it was a precious thing. In time, doctors will have to learn they will have to give up procedures to nurses and accept it.

I do not want to create the impression that the nurses experiences were negative. Nursing presented an opportunity for Caribbean immigrant women that their parents did not have. Many of the women recalled wanting to become nurses since they were children. While they did encounter injustices, Caribbean nurses were not passive victims who acquiesced to white women's authority. These women found ways of surviving within Canadian hospitals that did not always involve open defiance against their superiors. The women built friendships with individuals that shared their culture, extra-curricular activities, or religious orientation. These friendships also served as support systems. Cudjoe, one of the earlier immigrants to Canada, fondly remembered the Friday night dances and cultural activities sponsored by YWCA. "It was really multicultural ... they would cater to everybody.... Hungarian men who came to work. A lot of Germans, Italians ... we would hang out." Likewise, Daphne Bailey, added that living in residence gave her the opportunity to get to



Wendy Lewington Coulter, "Just a Minute," fabric collage, machine appliqué, quilting, and embroidery, 69" x 53.5", 1997. Photo: Ken Dietrich-Campbell

know other nurses, both black and white, on a more personal level. Both Cudjoe and Bailey immigrated when there were few blacks in Canada or black organizations, but these women found other means of enjoyment without emphasizing racial, cultural, and ethnic differences that so often divides individuals.

The women in this study did not express any regrets in migrating to Canada. Despite racism, sexism, culture shock, and homesickness they appreciated the opportunities that Canada offered via nursing. Unlike immigrant domestic workers, whose experience was characterized by isolation, exploitation, and sexual harassment (Silvera), Caribbean immigrant nurses differed to some degree. Despite shared experience dealing with the racist structure of immigration, Caribbean nurses enjoyed greater social prestige (as educated women) within the Caribbean community. The nurses admitted they were in a much better position than the domestic workers and cited their benefits, salary, working conditions, and mobility as proof of their status. Indeed, these facts may strengthen their commitment to professionalism.

As the current health care system continues to unravel, more studies are needed that will examine the experiences of Caribbean women currently within nursing and the ways these nurses continue to resist the devaluation of their occupation.

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¹V.V.'s Murray's work is a comprehensive study of nursing and nurses. He examined the nursing activity, (especially the debate around bedside care) working conditions, supply and demand, and issues of education.

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ELISAVIETTA RITCHIE

In Transit

Coming from somewhere else
at any age, even *in utero*,
you're never sure

your feet touch the soil.
Your whole life you hover—
hawk, helicopter

or fat dirigible, fearful
someone might poke a hole,
light a match—

You hang in there, up there,
wondering will they finally
grant permission to land

or forever challenge your passport,
check your fingerprints,
discount your money, question

could you survive as a stranger?
Best stay suspended,
forget the keys to the town.

Here, the air is dangerous, cold,
wind currents tricky, but
God, what a view.

Elisavietta Ritchie's poetry collections include: The Arc of the Storm, Elegy for the Other Woman, and Wild Garlic.